

## HEALTH AND SAFETY SELF-CERTIFICATION ( For license-exempt providers)

**INSTRUCTIONS:** As a license-exempt child care provider who is serving a family that gets help to pay for their child care costs, you must complete this form. After you have completed the form, return it promptly to the County Welfare Department, Alternative Payment Program or other payment agency. Providers who are the aunt, uncle, grandmother/father, of the child(ren) in care must complete a Declaration of Exemption (CCP 1).

COUNTY USE ONLY
CASE NAME _____
CLIENT CASE NUMBER _____
WORKER NAME _____
WORKER NUMBER _____

### PART A GENERAL INFORMATION:

1. Name of Provider \_\_\_\_\_ Provider's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_  
 The State of California requires providers to prove they are 18 years of age or older. A copy of the provider's drivers license or other proof of age must be attached.
2. LIST THE NAME AND ADDRESS OF THE FAMILY YOU ARE WORKING FOR.  
 Name of Parent/Guardian \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. CHILD CARE WILL BE PROVIDED IN (CHECK ONE):    ☐ Child's Home    ☐ Provider's Home

### PART B BASIC HEALTH AND SAFETY SELF-CERTIFICATION REQUIREMENTS:

The home in which the care is provided must be a safe and healthful place for children. Basic health and safety standards are listed below. It is the on-going responsibility of the parent and the provider to see that these basic standards are met.

The parent and the provider must put their initials to the left of each statement to certify that the home where child care is provided meets basic health and safety standards.

- |    | Parent's<br>Initials | Provider's<br>Initials |   |
|----|----------------------|------------------------|---|
| 1. | _____                | _____                  | The home where child care is provided must have working smoke detectors and fire extinguishers that meet standards set by the State Fire Marshal.   |
| 2. | _____                | _____                  | The child care provider shall refrain from using corporal punishment.   |
| 3. | _____                | _____                  | The child care provider must allow unlimited parental access to the children while in their care.   |
| 4. | _____                | _____                  | The child care provider must be free of communicable diseases; be physically and mentally capable of caring for children; and show proof to the parent that he/she was tested in the last 12 months and is free of active tuberculosis.                           |
| 5. | _____                | _____                  | The home where child care is provided has yard and play areas that have been checked and are safe for children. Children are protected from dangers such as pools, hot tubs, electrical outlets, stairs, poisonous materials, medications, guns or amunition etc. |

Information about health and safety and other basic child care training is available from the local Child Care Resource And Referral Program and other community agencies such as the American Red Cross, Community Colleges, Fire Departments, etc.

The parent and provider are encouraged to use the Health & Safety Information checklist to ensure that the home where care is to be provided is safe for children.

---

**PART C OTHER INFORMATION**

1. **PROVIDE THE ADDRESSES AND TELEPHONE NUMBER OF TWO LOCAL CHARACTER REFERENCES OTHER THAN THE PARENT.** These references should be contacted by the parent of the children to prove good character and ability to provide child care.

Name _____	Name _____
Address _____	Address _____
City/State _____	City/State _____
Phone (     ) _____	Phone (     ) _____

2. **LIST ALL OTHER ADULTS LIVING IN THE HOME WHERE CARE IS PROVIDED AND THE RELATIONSHIP TO THE PROVIDER OR CHILD.**

Name _____	Related to	<input type="checkbox"/> child	<input type="checkbox"/> provider	Relationship _____
Name _____	Related to	<input type="checkbox"/> child	<input type="checkbox"/> provider	Relationship _____
Name _____	Related to	<input type="checkbox"/> child	<input type="checkbox"/> provider	Relationship _____
Name _____	Related to	<input type="checkbox"/> child	<input type="checkbox"/> provider	Relationship _____

3. **IN THE SPACE BELOW, THE PROVIDER SHOULD DESCRIBE HIS/HER ABILITY TO PROVIDE CHILD CARE BY LISTING HIS/HER EXPERIENCE AND OTHER QUALIFICATIONS:**

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL IMPORTANT INFORMATION:**

- If you, THE PARENT/GUARDIAN, choose child care in your home (in-home care), you are the employer and are responsible for social security tax and state worker's compensation insurance. You may also be responsible for unemployment taxes.
- PARENT/GUARDIAN is not required to withhold federal or state income taxes from the child care provider's earnings. The PROVIDER IS RESPONSIBLE FOR REPORTING INCOME AND PAYMENT OF ANY FEDERAL OR STATE INCOME TAXES.
- FOR MORE INFORMATION ABOUT YOUR RESPONSIBILITIES AS AN EMPLOYER, CONTACT YOUR LOCAL OFFICE OF THE EMPLOYMENT DEVELOPMENT DEPARTMENT OR LOCAL CHILD CARE RESOURCE AND REFERRAL PROGRAM. For general information about child care you may call toll free at (800-KIDS R WE) (800-543-7793).

**PART D PROVIDER/PARENT STATEMENTS**

1. **PROVIDER'S STATEMENT:** All information provided and contained on this form is true and correct to the best of my knowledge. If care occurs in my home, I certify that my home meets health and safety requirements listed in Part B. I understand that health and safety training information is available from the local Child Care Resource and Referral program and other community agencies. I understand that I am not an employee of the County Welfare Department, Alternative Payment Program or other payment agency.

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

2. **PARENT'S STATEMENT:** I have interviewed and approved this child care provider. I understand the statements provided on this form. I understand it is my responsibility to make sure that the child care provided to my child(ren) and the place where care is provided is safe. I also understand that the County Welfare Department, Alternative Payment Program or other payment agency did not and will not check the safety of the child care provided by this provider and they did not and will not check to see that the information contained on this form is correct. I take full responsibility for the child care provided by this provider.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

---

**COUNTY OR APP USE ONLY**

Return this form by: \_\_\_\_\_ to: